CLINIC PHYSICIANS				PERIOD			CHECK ONE			
For use of this form, see AR 40-68; the proponent			agency is OTSG	FROM	AC USAR ARNG					
RATED BY			PRIVILEGES PERFORMED BY			TREATMENT FACILITY				
TITL	E		DATE							
		PRIVILEGES	RECOMMENDATIONS BY DEPT./SVS. CHIEF							
Privileges evaluation will be based on thorough appraisals Clinical Areas: Identify the level of performance with an "P" for Perform in the blank space at			"A" for Assist and a	ACCEPT- ABLE	BORDER- LINE	UNACC ABL		REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED	
Ger	neral.									
	1.	Diagnose and treat acute minor illness.								
	2.	Prescribe routine medications.								
	3.	Administration of medication (excluding I.V. meds, except emergency).								
	4.	Administration of I.V. fluids and referral.								
	5.	Routine cultures.								
	6.	Local Anesthesia.								
	7.	Digital block anesthesia.								
	8.	Repair of simple lacerations.								
	9.	Removal of foreign bodies from soft tissuexposed and/or superficial in nature.	ue which are							
	10.	Skin and superficial lacerations.								
	11.	Basic life support, cardiopulmonary resus	scitation.							
	12.	Advanced cardiopulmonary resuscitation								
	13.	Initial interpretation of X-rays								
Inte	ernal	Medicine.								
	1.	Electrocardiograph, initial interpretation.								
	2.	Pneumothorax, emergency treatment.								
Der	mato	ology.								
	1.	KOH Prep.								
Gyr	necol	ogy.								
	1.	Pelvic bimanual exam, Pap smear, breast exam.								
	2.	Treatment of pelvic inflammatory disease consultation.	e, nonsurgical with							
	3.	Prescribing of oral contraceptives.								
	4.	Removal of IUD.								
Ger	neral	Surgery.								
	1.	Incision and drainage, simple abscess.								
	2.	Incision and drainage of external thrombo pilonidal cyst, followed by referral.	otic hemorrhoid,							
Ort	hope	dic Surgery.								
	1.	Initial and emergency management of tra major, pending transfer.	iuma, minor or							
	2.	Suturing of minor digital and extremity la involving nerve, tendon or vessel repair.	cerations not							
	3.	Nonsurgical management of back and ne	ck pain.							
	4.	Initial management and care of closed fra casting) followed by referral.	acture <i>(including</i>							
	]	a Hand and wrist		<u> </u>						

PERIOD			DATE			TREATMENT FACILITY				
FROM TO										
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PRIVILEGES				RECOMMENDATIONS BY DEPT./SVS. CHIEF						
Privileges evaluation will be based on thorough appraisals of clinical performance.  Clinical Areas: Identify the level of performance with an "A" for Assist and a  "P" for Perform in the blank space at left.				ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED		
Ort	hope	dic Surgery (Continued).					2500/Mion	0.025		
		(1) Nondisplaced fracture, closed management, followed by referral.								
		b. Forearm and shoulder girdle: Nondispatched fractures, closed management followed by referral.								
		c. Knee: nondisplaced, followed by referral.								
		d. Management and care of closed fracture (including casting).								
		(1) Foot: Ingrown toe nail, man	agement.							
		(2) Ankle: Severe sprain, closed followed by referral.	d management							
EEN	NT.									
	1.	Treatment of anterior nose bleeds.								
	2.	Packing of posterior nose bleeds and stat referral								
	3.	Minor EENT problems, i.e., otitis media, tonsillitis, conjunctivitis, sinusitis.								
Psy	chiat	ry/Neurology.								
Neurological examination.										
	2.	Psychotherapeutic medication prior to transfer to Acute Care facility.								
3. Immediate crisis interaction pending referral.										
Genitourinary.		inary.								
	1.	Management of minor GU problems.								
	2.	Catheterization followed by referral.								
Opt	thalm	ology.								
	Removal of loose foreign body.									
	2.	Removal of imbedded corneal surface for	eign body.							
Opt	tome	•								
	1.	Eye examination (routine).								
Em		cy Medicine.								
	1.	Administration of emergency I.V. fluids.								
	2.	Administration of emergency I.V. medica	tions.							
	3.	Tube Thoracostomy, emergency.								
	4.	Cricothyroidotomy, emergency.								
	5.	Endotracheal intubation, emergency.	-14-41							
	6.	Basic life support, cardiopulmonary resuscitation.								
	7.	Advanced cardiopulmonary resuscitation.								
	8.	Gastric lavage.								

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TITLE						
PRIVILEGES			RECOMMI	ENDATIONS BY DEI	PT./SVS. CHIEF	
Privileges evaluation will be based on thorough appraisals	of clinical performance.	ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Other Privileges (Specify)						
COMMENTS (Borderline and unacceptable ratings	will be addressed.)					
					T	
RATER'S SIGNATURE					DATE	